



**17<sup>th</sup> Annual Substance Abuse Conference**  
**Tulsa, OK**  
**January 27, 2005**

**Melanie Whitter**  
**Abt Associates Inc.**

***Current Challenges and Issues Facing the  
Addiction Treatment Workforce***

# *State of the Workforce*

- Addiction treatment is only as good as the workforce that delivers it
  - Good treatment is dependent on the *quantity* and *quality* of the workforce
    - a sufficient number of individuals adequately trained to provide care

# *History of CSAT Efforts*

- In 1999, CSAT reviewed workforce issues through the Workforce Issues Panel of the National Treatment Plan (now Partners for Recovery)

# *Current CSAT Efforts*

- Environmental scan conducted in 2003
- Nine stakeholder meetings held in 2004
  - Key Leaders
  - Professional Associations
  - Colleges and Universities
  - Federal Agencies
  - Clinical Supervisors
  - Human Resource Managers
  - Recovery Support Personnel
  - 2 Regional meetings with State Directors, providers, ATTCs)

**120 individuals participated**

- Strategy in development

# *Composition of the Clinical Workforce*

- More than 67,000 practitioners provide addiction treatment (Harwood, 1998)
  - **Gender**
    - Females comprised 50-70% of clinical workforce
    - 70% of new counselors are female (NAADAC study)
  - **Age**
    - Average age of clinical staff (mid 40s to 50 years)
    - 75% of workforce over 40
  - **Race and Ethnicity**
    - 70-90% of workforce is White
    - Private agencies have fewer minority staff than public agencies

# *Composition of the Workforce*

## ● **Education Level**

- 60-80% of direct service staff had a bachelor's degree and
- 50% had a master's degree (Kaplan, 2003)
- Treatment staff have degrees in many areas (few have academic courses or degrees in addiction treatment)

# *Composition of the Workforce*

- Most programs did not have full time medical staff
  - Only 54% had part-time physician on staff
  - Outside of methadone programs, fewer than 15% employed a nurse (McLellan et al 2002)

# *System Issues*

- Changing patient population
- Utilization of medications
- Application of evidence-based practices
- Performance and outcome measures requirements
- Capacity pressures



# *Major Challenges of the Workforce*

- Recruitment
- Retention
- Competency

# *Recruitment*

- Estimates are that close to 5,000 new counselors are needed annually for net staff replacement and growth (Lewin 1994)
- Most people enter the field in mid-30s and often as a second career
- 84% of staff and directors said low salaries are #1 reason for recruitment problems (RMC 2003; RMC 2003a; OASAS 2002)

# *Retention*

- Turnover rates above national average of 11% ranging from 18.5 - 33% a year (McLellan & Johnson, et al 2002)
- Most turnover is voluntary
- Strategies for improving retention include:
  - Increasing salaries
  - Reducing paperwork and
  - Creating more opportunities for personal growth and advancement

# *Competency*

- Education
- Standards
- Training

# *Competency*

- Variation in educational programs (curricula, degree programs)
  - 442 addiction studies programs at various degree levels
    - 18% at graduate level
    - 13% at undergraduate level
    - 69% at associates level (Taleff, 2003)
- No national academic accreditation process
- No national core competency standards

# *Competency*

- Training
  - Use of evidence-based practices
  - Outcome measurement
  - New medications
  - Addiction treatment (primary health care, allied health professions)

# *Cross-Cutting Issues*

- Stigma
- Noncompetitive compensation

# *Stigma*

- Negative consequences of stigma associated with addiction
  - Difficulty in recruitment and retention
    - Addiction professionals considered lower status than other professionals
    - Reluctance to enter the field
  - Contributes to noncompetitive salaries
  - Misconceptions about treatment, and the qualifications of a clinician



# *Compensation*

- Low Salaries
  - In 2002, average salaries in low \$30,000s
  - Majority of counselors (61%) earned between \$15,000 and \$34,000
  - Majority of agency directors (68%) had salaries ranging from \$40,000 - \$75,000
- Factors associated with higher salaries: graduate degrees, certification, and years in the field

# *Compensation*

- Inadequate health care coverage among professional staff
  - 30% had no medical coverage
  - 40% no dental coverage
  - 55% not covered for substance use or mental health services (*Counselor, 2004*)

# *Key Themes*

- Support training for clinical and recovery support supervisors
- Investigate loan forgiveness and repayment programs
- Develop career paths and establish national core competencies
- Develop leadership and management initiatives
- Provide support related to relapse in the workforce
- Provide education on addiction treatment within other disciplines